

PATENT  
Attorney's Docket No. 1079-2**COMBINED DECLARATION AND POWER OF ATTORNEY**(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL,  
DIVISIONAL, CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

**TYPE OF DECLARATION**

This declaration is of the following type: *(check one applicable item below)*

- ☒ original  
☐ design  
☐ supplemental

NOTE: If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application do not check next item; check appropriate one of last three items.

- ☐ national stage of PCT

NOTE: If one of the following 3 items apply then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP.

- ☐ divisional  
☐ continuation  
☐ continuation-in-part (CIP)

**INVENTORSHIP IDENTIFICATION**

WARNING: If the inventors are each not the inventors of all the claims an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor *(if only one name is listed below)* or an original, first and joint inventor *(if plural names are listed below)* of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**TITLE OF INVENTION**SINGLE CELL ELECTROPORATION



**PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS  
(6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION  
AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. §119(a)-(d)**

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. 119
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

**CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)  
(35 U.S.C. §119(e))**

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

**PROVISIONAL APPLICATION NUMBER**

**FILING DATE**

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\_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

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**ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS  
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

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**NOTE:** If the application filed more than 12 months from the filing date of this application is a PCT filing forming the basis for this application entering the United States as (1) the national stage, or (2) a continuation, divisional, or continuation-in-part, then also complete ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR CIP APPLICATION for benefit of the prior U.S. or PCT application(s) under 35 U.S.C. §120.

0965310-101000

**POWER OF ATTORNEY**

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (*List name and registration number*)

PETER G. DILWORTH, Reg. No. 26,450; ROCCO S. BARRESE, Reg. No. 25,253; DAVID M. CARTER, Reg. No. 30,949; PAUL J. FARRELL, Reg. No. 33,494; PETER DELUCA, Reg. No. 32,978; JEFFREY S. STEEN, Reg. No. 32,063; JOSEPH W. SCHMIDT, Reg. No. 36,920; RAYMOND E. FARRELL, Reg. No. 34,816; ADRIAN T. CALDERONE, Reg. No. 31,746; GEORGE M. KAPLAN, Reg. No. 28,375; RUSSELL R. KASSNER, Reg. No. 36,183; CHRISTOPHER G. TRAINOR, Reg. No. 39,517; GEORGE LIKOUREZOS, Reg. No. 40,067; JAMES M. LOEFFLER, Reg. No. 37,873; EDWARD C. MEAGHER, Reg. No. 41,189; MICHAEL P. DILWORTH, Reg. No. 37,311; GLENN D. SMITH, Reg. No. 42,156; MICHAEL E. CARMEN, Reg. No. 43,533; HAROLD G. FURLOW, Reg. No. 43,621; KEVIN C. ECKER, Reg. No. 43,600; THEODOSIOS THOMAS, Reg. No. 45,159; DANIEL E. TIERNEY, Reg. No. 33,461; and, MICHAEL J. MUSELLA, Reg. No. 39,310, each of them of DILWORTH & BARRESE, LLP, 333 Earle Ovington Boulevard, Uniondale, New York 11553.

**SEND CORRESPONDENCE TO:****DIRECT TELEPHONE CALLS TO:**

(*Name and telephone number*)

Jeffrey S. Steen, Esq.  
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(516) 228-8484

**DECLARATION**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**SIGNATURE(S)**

**NOTE:** Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of sole or first joint inventor Kurt Haas

Inventor's signature 

Date 9/28/00

Country of Citizenship U.S.A.

Residence Goshen, New York

Post Office Address 4 Golden Hill Avenue, Goshen, NY 10924



Number of pages added 1.

☐ **Authorization of attorney(s) to accept and follow instructions from representative.**

**If no further pages form a part of this Declaration then end this Declaration with this page and check the following item.**

■ This declaration ends with this page.



NAME Cold Spring Harbor Laboratory

**ADDRESS** P.O. Box 100

**Cold Spring Harbor, NY 11724**

☐ Individual☐ **Small Business Concern**

**■ Nonprofit Organization**

**I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small business entity is no longer appropriate. (37 CFR 1.28(b)).**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING G. Morgan Browne

**TITLE IN ORGANIZATION** Administrative Director

ADDRESS OF PERSON SIGNING Cold Spring Harbor Laboratory

**P.O. Box 100, Cold Spring Harbor, NY 11724**

**SIGNATURE**

Date \_\_\_\_\_

9/28/00

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